[PICTURES IN CLINICAL MEDICINE]

Rapidly Progressing Pituitary Mass in B-cell Lymphoma

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Picture 1.

Picture 2.

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A 73-year-old woman presented with a month-long history of appetite loss and general fatigue. Initial MRI revealed empty sella (Picture 1A and B). Laboratory tests showed partial anterior hypopituitarism. Replacement therapy was initiated.

Due to the persistence of the patient's symptoms, ^{18}F -fluorodeoxyglucose positron emission tomography was performed one month after MRI was first performed. It showed a high uptake in the lymph nodes of the thorax, the lungs and the pituitary glands (Picture 1G and H). Follow-up MRI showed a pituitary sellar mass with stalk enlargement (Picture 1C-F). Pituitary endocrine function tests revealed panhypopituitarism without central diabetes insipidus (Picture 2). A cytological analysis of her lung nodule confirmed

a diagnosis of B-cell lymphoma. Chemotherapy was initiated.

The mass was showed a complete remission at two months (Picture 1I and J); however, the patient's panhypopituitarism remained. Even though the lesions were not detected by MRI, pituitary infiltration was able to rapidly progress at the early stage of systemic B-cell lymphoma with an empty sella.

The authors state that they have no Conflict of Interest (COI).

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